

**Note: This is sample
template it is
not an OMB
approved form.**

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Cimarron Telephone Company

Service Provider Name

Cimarron Telephone Company

Company Address, City, State, Zip

101 Cimarron Street

P.O. Box 160

Mannford, OK 74044

Service Provider Type

Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Gene Baldwin

Contact Tel #

918-865-3311

Fax #

918-865-3187

E-mail Address

www.cimtel.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Creek County, Oklahoma

Osage County, Oklahoma

Pawnee County, Oklahoma

Payne County, Oklahoma

Tulsa County, Oklahoma

For each area listed above, identify the emergency response point to which calls are now being routed.

Creek County, Oklahoma ----- Creek County Sheriff's office
Osage County, Oklahoma ----- Osage County Sheriff's office
Pawnee County, Oklahoma ----- Cleveland PSAP
Payne County, Oklahoma ----- Payne County Sheriffs office
Tulsa County, Oklahoma. ----- Tulsa PSAP

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Printed name of authorized representative

Title

Date

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.